

MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION (MPERA)

100 North Park Avenue, Suite 200 ~ PO BOX 200131

HELENA MT 59620-0131

(406) 444-3154 or (877) 275-7372

**WITHHOLDING CERTIFICATE**

Please print or type

Name _____

Address _____ Social Security No. _____ - _____ - _____

City, State & Zip _____ Telephone No. _____

☐ Check here if this is a change of address. Return completed form in the enclosed envelope.**Federal income tax withholding: choose one of the following options**

| | | | | |
|--------------------------|----------|---|-----------------------------|----|
| <input type="checkbox"/> | 1 | Withhold the following amount from my monthly benefit. | \$ | |
| | | Begin deductions on | | |
| <input type="checkbox"/> | 2 | Withhold federal income tax based on marital status and the number of exemptions I specified. | Married | |
| | | | Single | |
| | | Begin deductions on _____ | Married but use single rate | |
| | | | Number of exemptions | |
| | | | Plus an additional amount | \$ |
| <input type="checkbox"/> | 3 | Do not withhold federal tax from my monthly benefit. | | |

Montana state income tax withholding: choose one of the following options

| | | | | |
|--------------------------|----------|--|---------------------------|----|
| <input type="checkbox"/> | 1 | Withhold the following amount from my monthly benefit. | \$ | |
| | | Begin deductions on | | |
| <input type="checkbox"/> | 2 | Withhold Montana state income tax based on the number of exemptions I specified. | Number of exemptions | |
| | | Begin deductions on _____ | Plus an additional amount | \$ |
| <input type="checkbox"/> | 3 | Do not withhold Montana tax from my monthly benefit. | | |

Signature _____ Date _____

MPERA USE ONLY

Retirement No. _____

Date processed _____